DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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NAME OF PROVIDER OR SUPPLIER ALTERNATIVE LIFESTYLES INC (XX) ID SUMMARY STATEMENT OF DEFICIENCIES SUPPLIED FOR THE PROCESS OF THE PROPERTY OF THE PROCESS OF THE PROCESS OF THE PROPERTY OF THE PROCESS	NAME OF PROVIDER OR SUPPLIER ALTERNATIVE LIFESTYLES INC (X4) ID PREFIX TAGS (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (W 000) INITIAL COMMENTS This visit was a post-certification revisit (PCR) to the annual recertification and state licensure survey conducted on January 6, 2012. Dates of survey: April 30 and May 1, 2012. Facility Number: 100244400 Surveyor: Claudia Ramirez, RN, Public Health Nurse Surveyor III/QMRP Alternative Lifestyles Inc. was found to be in compliance with 42 CFR, part 483, subpart I, and 460 IAC 9 in regard to the PCR to the annual recertification and state licensure survey. Quality Review completed 577/12 by Ruth	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	IDENTIFICATION NUMBER: A. BUILDING B. WING				
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.